

*McMillan*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">Ala. Dept. of Youth Services P.O. Box 66 Mount Meigs, AL 36057</p> <p style="font-size: 1.2em; margin-left: 20px;">2:07CV1-WKW (Comp/emo 20 days)</p> <p>2. Article Number (Transfer from service label)</p>	<p>A. Signature  <div style="display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 1.2em;">x <i>Cyndi Thomas</i></span> <div style="text-align: right;"> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name)  <i>Cyndi Thomas</i> </p> <p>C. Date of Delivery  <i>1/8</i> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No </p> <p>3. Service Type  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D. </div> </div> </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> PS Form 3811, February 2004 </div> <div style="font-size: 1.5em; font-weight: bold;"> 7006 0100 0002 0279 4167 </div> <div> Domestic Return Receipt </div> </div> <div style="text-align: right; font-size: 0.8em; margin-top: 5px;">102595-02-M-1540</div>	